

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

Serial No. 10/553497
Filing Date

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
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50						
TOTAL IND.		2		2		
TOTAL DEP.		18		18		
TOTAL CLAIMS	20		20			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			2			
TOTAL DEP.			2			
TOTAL CLAIMS	20		20			